

REMARKS

In the present Office Action, the Examiner accepts the proposed drawings the Applicant submitted on June 28, 2003. The Examiner objects to claims 1 and 7 as they appear to contain typographic errors. Moreover, the Examiner rejects claims 1-15 under § 103(a) as being unpatentable over Spurgeon (U.S. Pat. No. 5,890,129) in view of Cullen (U.S. Pat. No. 6,272,528) for substantially the same reasons given in the previous office action. In response the Applicant has amended the claims to clarify the inventive method and overcome the prior art. The Applicant believes that all claims are now allowable as discussed below. The Applicant respectfully requests that the Examiner reconsider her rejections and allow the pending claims.

Additionally, the Applicant thanks the Examiner for her review of the present draft claims and for her telephone conference of January 8, 2004. As discussed in the conference, the Examiner has agreed to schedule a telephone conference with her supervisor and the Applicant to discuss the draft claims submitted herewith before issuing an Office Action. The Applicant thanks the Examiner for this consideration.

Drawings:

The Applicant acknowledges the Examiner's acceptance of its proposed corrected drawings.

Claim Objections:

Per the Examiner's request, the Applicant has amended claims 1 and 7 to change "cerdentialing" and "amd" to "credentialing" and "and." The Applicant has also amended claim 10 to change "said standardized said administrative data format" to "said administrative data format."

Claim Rejections - 35 U.S.C. §103:

The Examiner has rejected claims 1-15 as being unpatentable over Spurgeon (U.S. Pat. No. 5,890,129) in view of Cullen et al (U.S. Pat. No. 6,272,528). In response, the

Applicant has amended independent claims 1, 7, 14, 15. The Applicant believes that the newly amended claims overcome the cited prior art as discussed below.

According to §2143 of the MPEP, to establish a *prima facie* case of obviousness, three basic criteria must be met. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art to combine the reference teachings. Second, there must be a reasonable expectation of success. Finally, the prior art reference must teach or suggest all the claim limitations. Applicant believes that the combination of cited references do not teach or suggest multiple limitations of the amended claims.

Spurgeon is directed to an information-exchange system for controlling the exchange of business and clinical information between an insurer and multiple health care providers. The system includes an information-exchange computer that is connected over a local area network to an insurer computer using a proprietary database and over the Internet to health-care provider computers using open database-compliant databases. The information-exchange computer receives subscriber insurance data from the insurance computer database, translates the insurance data into an exchange database, and pushes the subscriber insurance data out over the Internet to the computer operated by the health-care provider assigned to each subscriber. The information-exchange system stores the data in the provider database. The information-exchange system also provides for the preparation, submission, processing, and payment of claims over the local area network and with push technology over the Internet. In addition, prior authorization requests may be initiated in the provider computers and exchanged over the information-exchange system for review by the insurer computer. Processed reviews are transmitted back to the provider computer and to a specialist computer, if required, using push technology over the Internet.

Cullen is directed to a computer for the delivery of financial services, such as banking, general insurance, life assurance, pensions and investments, loans and mortgages, and financial planning and advisory services. The system comprises a

number of user computers connected to a plurality of server computers by way of a network, such as the Internet. The system creates at least one mobile agent which obtains details of a user's requirements, obtains financial information from the server computers on behalf of the user in the light of the user's requirements, and then transports itself to the user's computer to deliver the financial information to the user.

With regard to amended claim 1, the Applicant has amended the claim to clarify the type of administrative data gathered. Per the Examiner's suggestion in the final Office Action, the Applicant has moved the types of data from the preamble to the body of the claim. Additionally, the Applicant has clarified that the evaluation data is objective as opposed to neutral. The Applicant has also clarified that the agent systems are medical practice management systems. Finally, also per the Examiner's suggestion, the Applicant has clarified that the evaluation data is provided so that a medical practice agent system can be selected from a *plurality* of such systems. Support for the amendments can be found in the application and no new matter has been entered.

The Applicant does not believe that the cited references teach or suggest these limitations. The references do not teach or suggest the processing of administrative data including billing, reimbursement, credentialing, preauthorization and collection data as claimed in amended claim 1. Furthermore, the references do not teach or suggest creating objective evaluation data by tracking administrative data transferred between medical service provider systems and practice management agent systems. As specified in amended claim 1, the Applicant's invention tracks administrative data which includes billing data, reimbursement, credentialing, pre-authorization and collection data. From this data the system creates objective evaluation data including price, features, turnaround time, ancillary services, guarantees, and customer service. The references do not teach or suggest these functions.

The tracking of data occurs, in part, while practice management agent systems and physician practice groups use the system to exchange formatted administrative data information. Spurgeon discloses a system for exchanging health care insurance information. *See* Spurgeon col. 3, lines 1-17. The system translates, reformats,

transmits and receives information between an insurer and a health services provider. *See id* col. 4, lines 30-42. Again, there is no creation of objective evaluation data by tracking administrative data.

Similarly, the references do not teach or suggest providing objective evaluation data to a medical services provider. Just as the references do not teach or suggest the creation of objective evaluation data, they do not teach or suggest providing objective evaluation data. The references are unrelated to facilitating an objective selection of a practice management agent by a medical service provider from a plurality of medical practice management agents.

Claims 2-6 depend on claim 1 and contain all of its limitations. For the reasons discussed claims 2-6 are not obvious in light of Spurgeon and Cullen as the references do not teach or suggest multiple claim limitations.

With regard to claim 7, Applicant has amended the claim to clarify that the administrative data includes billing, reimbursement, credentialing, preauthorization and collection data. For the above reasons, the references do not teach or suggest this limitation.

Claims 8-11 are dependent on claim 7 and for the reasons discussed above are not obvious in light of Spurgeon and Cullen and are allowable.

The Applicant has amended independent claim 12 to clarify the type of administrative data, that the agent systems are medical practice agent systems. Again, none of the references teach or disclose this limitation. Accordingly, independent claim 12 is allowable.

Claim 13 depends on claim 12 and is therefore allowable as well.

With regard to independent claim 14, the Applicant has amended the claim to clarify the type of administrative data gathered. Per the Examiner's suggestion in the

final Office Action, the Applicant added this limitation to the body of the claim. Additionally, the Applicant has clarified that the evaluation data is objective as opposed to neutral. The Applicant has also clarified that the agent systems are medical practice management systems. Finally, also per the Examiner's suggestion, the Applicant has clarified that the evaluation data is provided so that a medical practice agent system can be selected from a plurality of such systems. Support for the amendments can be found in the application and no new matter has been entered.

As discussed with regard to amended claim 1, the references do not teach or suggest these limitations.

Finally, independent claim 15 is allowable as well. The Applicant has amended independent claim 15 to include the clarify that the evaluation data is objective, that the medical practice management agent is selected from a *plurality* of medical practice management agent systems and that the administrative data includes billing, reimbursement, credentialing, preauthorization and collection data. The Applicant further clarifies that the objective evaluation data includes price, features, turnaround time, ancillary services, guarantees, and customer service information. As discussed above, none of the references teach or suggest these limitations.

No additional fees are considered to be due; however, if it is determined that payment of additional fees are required, please charge our Deposit Account No. 13-0235.

Respectfully submitted,

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